



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE**

Policy No. DOC 4.5.3	Subject: MEDICAL AUTONOMY
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Section 5: Health Care for Secure Facilities	Effective Date: Aug. 1, 1997
Signature: /s/ Bill Slaughter, Director	Revision Date: April 18, 2006

I. POLICY

The Department of Corrections will identify the scope of medical responsibility and authority in Department and contracted facilities.

II. APPLICABILITY

The secure facilities that include Riverside and Pine Hills Youth Correctional Facilities, Montana State Prison, Montana Women's Prison, and the private and regional facilities contracted to the Department of Corrections.

III. REFERENCES

- A. *ACA Standards for Juvenile Correctional Facilities, 2003*
- B. *National Commission on Correctional Health Care Standards for Health Services in Prisons, 2003*
- C. *Montana Nurse Practice Act*
- D. *DOC Policy 4.5.10, Level of Therapeutic Care*

IV. DEFINITIONS

Medical Director - The physician designated by the Department director to oversee the health care of all offenders under Department jurisdiction.

Chief Facility Health Officer – The health authority or nursing supervisor responsible for the facility health care services.

Facility Administrator – The official, regardless of local title (administrator, warden, superintendent), ultimately responsible for the facility or program operation and management.

Health Policy Team – A team consisting of the Department medical director, dental director, mental health or psychiatric representative, health services bureau chief, managed care RN, chief facility health officer, and facility administrator.

Health Care Providers – Licensed health care providers (e.g., physicians, nurses, psychiatrists, dentists, and mental health practitioners), including contracted or fee-for-service providers, responsible for offender health care and treatment.

Health Care Staff – Includes licensed health care providers and non-licensed health care staff (e.g., medical records staff, health care aides) responsible for offender health care administration and treatment.

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Managed Care – A health care delivery system managed to control costs. Corrections managed care strives to balance quality, access, and cost.

Direct Nursing Care – Skilled, professional nursing care that includes assessment, diagnosis, treatment planning, implementation, and periodic evaluation.

V. DEPARTMENT DIRECTIVES

A. General Requirements

1. The facility health care unit will be the sole provider of on-site offender health care services.
2. Health care providers will render their services in accordance with Department policy and operate with the guidance and, when appropriate, sanction of the health policy team.
3. The Department will not place restrictions on any physician, dentist, or psychiatrist with respect to the practice of their medical specialties.
4. Security regulations that apply to all Department staff members will apply to all health care unit staff.
5. The medical director must approve off-site consultations and procedures in advance of services rendered in accordance with *DOC Policy 4.5.10, Level of Therapeutic Care*.
6. Managed care policies developed by the health policy team will be binding upon the health care providers.

B. Health Care Delivery

1. The chief facility health officer will ensure that appropriately credentialed health care providers deliver services within their respective scopes of practice.
2. The chief facility health officer will ensure access to, and monitoring of, offender health care services.
3. The Department director, or designee, will ensure the necessary resources are provided for the delivery of offender health care.

C. Relationship Between Health Care and Security Responsibilities

1. Health care providers will have complete responsibility and authority for offender health care and treatment.
2. Security and administrative staff will not be involved in providing direct nursing care, or analyzing and evaluating the efficiency of medical treatment or the validity of medical requests.
3. Security and health care staff will work together, recognizing that facility and offender interests are best served when all relevant health care delivery standards are implemented.

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4. Staff trained in CPR and First Aid will provide emergency care within the scope of their training.
5. The chief facility health officer is responsible to ensure proper coordination between the health care unit and the security or transportation staff assigned to move offenders to and from treatment areas.

D. Conflict Resolution

1. Health care providers will make every effort to comply with the security requirements inherent in correctional facility operations while meeting the legitimate health care needs of the offender population.
2. If any conflicts arise, the facility administrator will attempt to resolve them in consultation with health care staff and other affected facility staff.
3. If the administrator cannot resolve a conflict, the issue may be addressed by the chief facility health officer and the Department's health services bureau chief, or designee.
4. Conflicts between facility operational procedures and direct medical orders will be immediately referred to the facility administrator for resolution and, if needed, the health policy team.
5. If a physician's medical order, which may be life-sustaining, is in direct conflict with a security directive, the medical order will be implemented and followed by an immediate review by the Department's health services bureau chief, the managed care RN, and the facility administrator.

VI. CLOSING

Questions concerning this policy should be directed to the Department medical director or health services bureau chief.